

<i>SERFF Tracking Number:</i>	<i>AMLC-126290031</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43394</i>
<i>Company Tracking Number:</i>	<i>R-LIB25A</i>		
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Increasing Benefit Rider</i>		
<i>Project Name/Number:</i>	<i>Increasing Benefit Rider/R-LIB25A and R-LIB50A</i>		

Filing at a Glance

Company: Liberty National Life Insurance Company

Product Name: Increasing Benefit Rider	SERFF Tr Num: AMLC-126290031	State: Arkansas
TOI: H15I Individual Health - Hospital/Surgical/Medical Expense	SERFF Status: Closed-Approved- Closed	State Tr Num: 43394
Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense	Co Tr Num: R-LIB25A	State Status: Approved-Closed
Filing Type: Form	Reviewer(s): Rosalind Minor	
	Author: Tom Cao	Disposition Date: 09/11/2009
	Date Submitted: 09/01/2009	Disposition Status: Approved- Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: Increasing Benefit Rider	Status of Filing in Domicile: Pending
Project Number: R-LIB25A and R-LIB50A	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 09/11/2009	Explanation for Other Group Market Type:
	State Status Changed: 09/11/2009
Deemer Date:	Created By: Tom Cao
Submitted By: Tom Cao	Corresponding Filing Tracking Number:
Filing Description:	
Optional riders being submitted for your review and approval for general use with our health portfolio are:	

R-LIB25A Increasing Benefit Rider
R-LIB50A Increasing Benefit Rider

I hereby certify that I have carefully reviewed these forms and determined:

SERFF Tracking Number: AMLC-126290031 State: Arkansas

Filing Company: Liberty National Life Insurance Company State Tracking Number: 43394

Company Tracking Number: R-LIB25A

TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical
Hospital/Surgical/Medical Expense Expense

Product Name: Increasing Benefit Rider

Project Name/Number: Increasing Benefit Rider/R-LIB25A and R-LIB50A

1. The forms conform to all insurance statutes and Department requirements of your jurisdiction.
2. The forms contain no provisions previously disapproved by your department.
3. The forms do not contain any unusual or unorthodox provisions and wording.
4. The forms are being filed in Nebraska, our state of domicile, and other jurisdictions in which we are licensed to do business.

Company and Contact

Filing Contact Information

Tom Cao, Compliance Analyst tcao@torchmarkcorp.com
3700 S. Stonebridge Drive 214-544-5389 [Phone]
McKinney, TX 75070 972-569-3728 [FAX]

Filing Company Information

Liberty National Life Insurance Company CoCode: 65331 State of Domicile: Nebraska
2001 Third Avenue South Group Code: 290 Company Type: Life and Health
Birmingham, AL 35233 Group Name: Liberty National Life State ID Number:
(800) 288-2722 ext. 2912[Phone] FEIN Number: 63-0124600

Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation: \$20 for misc form filing. 2 forms filed.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty National Life Insurance Company	\$40.00	09/01/2009	30266764

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<i>Company Tracking Number:</i>	<i>R-LIB25A</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Increasing Benefit Rider</i>		
<i>Project Name/Number:</i>	<i>Increasing Benefit Rider/R-LIB25A and R-LIB50A</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/11/2009	09/11/2009

<i>SERFF Tracking Number:</i>	<i>AMLC-126290031</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43394</i>
<i>Company Tracking Number:</i>	<i>R-LIB25A</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Increasing Benefit Rider</i>		
<i>Project Name/Number:</i>	<i>Increasing Benefit Rider/R-LIB25A and R-LIB50A</i>		

Disposition

Disposition Date: 09/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AMLC-126290031	State:	Arkansas
Filing Company:	Liberty National Life Insurance Company	State Tracking Number:	43394
Company Tracking Number:	R-LIB25A		
TOI:	H151 Individual Health - Hospital/Surgical/Medical Expense	Sub-TOI:	H151.001 Health - Hospital/Surgical/Medical Expense
Product Name:	Increasing Benefit Rider		
Project Name/Number:	Increasing Benefit Rider/R-LIB25A and R-LIB50A		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Increasing Benefit Rider	Approved-Closed	Yes
Form	Increasing Benefit Rider	Approved-Closed	Yes

SERFF Tracking Number: AMLC-126290031 State: Arkansas

Filing Company: Liberty National Life Insurance Company State Tracking Number: 43394

Company Tracking Number: R-LIB25A

TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical
Hospital/Surgical/Medical Expense Expense

Product Name: Increasing Benefit Rider

Project Name/Number: Increasing Benefit Rider/R-LIB25A and R-LIB50A

Form Schedule

Lead Form Number: R-LIB25A

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/11/2009	R-LIB25A	Policy/Cont Increasing Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			R-LIB25A.pdf
Approved-Closed 09/11/2009	R-LIB50A	Policy/Cont Increasing Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			R-LIB50A.pdf

LIBERTY NATIONAL LIFE INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 * (972) 529-5085

A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

INCREASING BENEFIT RIDER TO POLICY OR CERTIFICATE # _____

THIS RIDER INCREASES THE BENEFIT LIMIT(S) APPLICABLE TO THE BELOW NAMED PARTS OF THE POLICY OR CERTIFICATE REFERENCED ABOVE FOR EXPENSES INCURRED MORE THAN 2 YEARS AFTER THE EFFECTIVE DATE OF THE POLICY OR CERTIFICATE BY AMENDING THE BENEFIT SCHEDULE AS SHOWN BELOW. This rider amends and is made a part of the policy or certificate referenced above. It is subject to all provisions, conditions, exclusions and limitations of the policy or certificate which are not in direct conflict with those of this rider.

BENEFIT LIMIT means the dollar amount or other number set opposite any benefit or PART in the Benefit Schedule of the policy or certificate.

In consideration of the issuance or the renewal of the policy or certificate referenced above, which this rider amends, it is understood and agreed that the Benefit Schedule in the policy or certificate is amended, as shown below. For any PART of the policy or certificate not listed below, the BENEFIT LIMIT listed in the Benefit Schedule remains unchanged.

AMENDMENTS TO BENEFIT SCHEDULE

{Assumes policy effective date of July, 1, 2009}

FOR EXPENSES INCURRED [July 1, 2011] AND AFTER

PART 1:	Surgeon Benefit Limit.....up to	\$ [2625.00]
	Surgery Conversion Factor	[54]
PART [3]:	Outpatient Expense Benefit80% up to	\$ [62.50]
	[Outpatient Deductible Amount.....	\$ [100.00]

TERMINATION OF RIDER

This rider will terminate when the first of any of these occurs:

1. The policy or certificate referenced above lapses or, expires, is canceled or otherwise terminated.
2. You do not pay the premium for the policy or certificate referenced above, or for this rider, by the end of the Grace Period.
3. The policy or certificate referenced above is rescinded by Us.

This rider is signed for Us by Our President and Secretary.


SECRETARY

Secretary


PRESIDENT

President

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AMENDMENTS TO BENEFIT SCHEDULE

{Assumes policy effective date of July, 1, 2009}

		FOR EXPENSES INCURRED [July 1, 2011] THROUGH [June 30, 2013]	FOR EXPENSES INCURRED [July 1, 2013] AND AFTER
PART 1:	Surgeon Benefit Limit.....up to	\$ [2625.00]	\$ [3150.00]
	Surgery Conversion Factor	[54]	[54]
PART [3]:	Outpatient Expense Benefit80% up to	\$ [62.50]	\$ [75.00]
	[Outpatient Deductible Amount].....	\$ [100.00]	\$ [100.00]

TERMINATION OF RIDER

This rider will terminate when the first of any of these occurs:

1. The policy or certificate referenced above lapses or, expires, is canceled or otherwise terminated.
2. You do not pay the premium for the policy or certificate referenced above, or for this rider, by the end of the Grace Period.
3. The policy or certificate referenced above is rescinded by Us.

This rider is signed for Us by Our President and Secretary.


Secretary


President

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/11/2009
Comments: These riders warrant a lower readability score due to the nature or type of the form. These forms are short. They do not contain legal terms or technical or industry jargon. The low scores are due to the repetitive use of high syllable phrases such as "policy or certificate" and "benefit schedule".		
Attachment: Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	09/11/2009
Bypass Reason: Not applicable.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	09/11/2009
Bypass Reason: Not applicable.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	09/11/2009
Bypass Reason: Not applicable.		
Comments:		

LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

READABILITY CERTIFICATION

We hereby certify we have carefully reviewed the form(s) listed below and to the best of our knowledge and ability determine the Flesch scale analysis readability test score to be as shown:

<u>FORM</u>	<u>SCORE</u>
R-LIB25A – Increasing Benefit Rider	35.46
R-LIB50A – Increasing Benefit Rider	35.46

Date: September 1, 2009



Michael J. Gaisbauer, Vice President

FORM S-1351